



ANNUAL PROGRESS REPORT

SMART START ACTIVITIES

for the year ended June 30, 2019

a partner
in the

Smart Start
network™

The logo for the Smart Start network consists of six overlapping squares in various colors: green, blue, red, yellow, orange, and purple.



ANNUAL PROGRESS REPORT

Smart Start Activities

Fiscal Year 2018-19

**Working together, families and organizations will create
a healthy and wholesome environment in which all young children
can reach their greatest potential.**

***Mission:** The Partnership promotes opportunities for all our young children to grow up safe, healthy, and able to succeed. In collaboration with our community partners, we plan, fund, and implement quality early childhood education, health, and family support initiatives.*

***Acknowledgements:** The work of Smart Start depends on the resources and expertise of our dedicated and hardworking volunteers. We could not succeed without their support! We thank our Board of Directors as listed below.*

2018-2019 Board of Directors

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Mark Hall - Chatham County Provost, Central Carolina Community College
Rose Swimm - Community Member
Terry Lucas – Chatham County Department of Social Services



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Imani Sie-Duke , Raising a Reader Coordinator	Angie Pelletier , Data Specialist
Pam Anderson , Resource Coordinator	

With additional input from the following Direct Service Provider Staff:

Kristan Leonard , Child Care Behavior Consultant	Dorothy Rawleigh , Child Care Health Consultant
Sara Garrison , Assuring Better Child Health and Development Coordinator	Anthony Izzard and Nellie Benitez , Focus on Fathers' Coordinators

This report is limited to programs funded by Smart Start which targets children birth to five, not yet in Kindergarten. Therefore, additional committees, staff and activities for other services that are a part of Chatham County Partnership for Children are not included here.

For more information on other programs, services, and resources visit:

www.chathamkids.org

A LETTER FROM THE EXECUTIVE DIRECTOR

Dear Chatham County Community,

2019 has been a year of reflection and refocusing. WE have renewed our agency mission and core values through an intensive Strategic Planning Process, completed in November 2019. This plan will guide our organization and our work over the coming 3 years, 2020 to 2022. We have come far together and we will continue to progress together, for the children!

It is with much gratitude that we present this annual progress report. The results of Chatham County Smart Start could not have been accomplished without the dedicated commitment of our child care providers and community service partners. In this report we provide a detailed summary of the Smart Start funded activities and programs offered in Chatham County. We have summarized the purpose and results of each program for the program year of July 1, 2018 until June 30, 2019. Our services staff and partnership collect stories and pictures throughout the year. We have shared a few of those here.

Your feedback is always appreciated. We are always open to new ideas and information about how we can best serve our community in our work to ensure that all children enter school healthy, safe, and ready to succeed. Let me hear from you, join our effort!

Sincerely,

Genevieve Megginson, Executive Director

genevieve@chathamkids.org



Chatham County Partnership for Children
Fiscal Year 2018-2019 Smart Start Annual Progress Report

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FISCAL YEAR 2018-19 SMART START FINAL ACTIVITY REPORT

Part I: Chatham County Overview

Report Overview

This report presents a summary of the effectiveness of Chatham County Partnership for Children's Smart Start-funded activities. These activities aim to achieve the Partnership's mission *to promote opportunities for all our young children to grow up safe, healthy, and able to succeed.*

During FY 2018-19, the Partnership funded 9 Smart Start activities designed to address the critical issues facing young children, their families, and their child care providers in Chatham County. These activities can be divided into four main areas: Early Care and Education, Family Support & Early Literacy, Health & Early Intervention, and Program Support.

This report shows the collective and individual accomplishments of the Smart Start-funded programs in three sections:

1. An overview of Chatham County and the Partnership's Smart Start programming
2. Detailed summary of each individual activity
3. Overall program impact and future challenges

The main purpose of this report is to provide the necessary information for making informed decisions about future funding and development of Smart Start Programs.

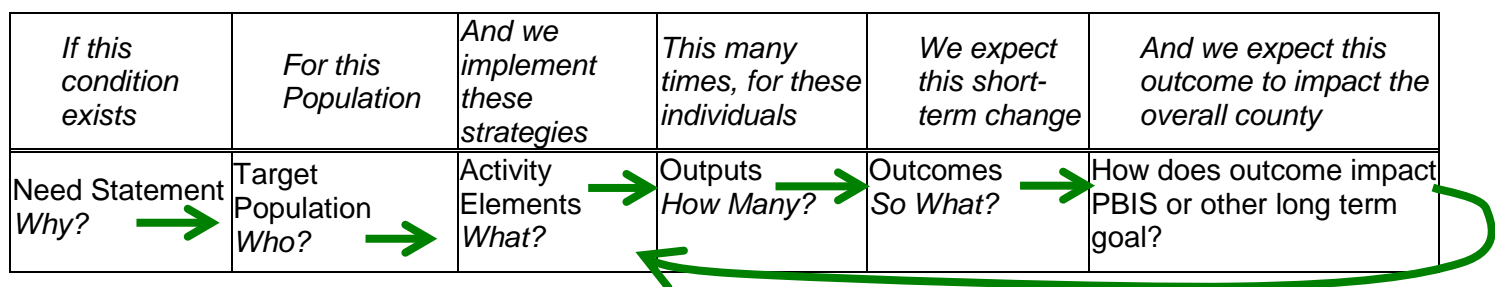
Program Evaluation Methodology

Program evaluation is a required component for each Smart Start activity, in order to demonstrate outcomes for children and families. Each funded activity has a logic model that details the needs, activities, outputs, outcomes and intended final impact of the services. Activities report progress on a quarterly basis to the Smart Start Coordinator, who reviews the data to ensure its reliability. Each Smart Start activity is also monitored annually to confirm backup documentation for data reported and ensure contract compliance.

The Logic Model

All funded activities are required to have a logic model. The components include: needs statement, target population, activity elements, outputs, outcomes, and long-term goals. The long-term goals must refer to the goals established by the North Carolina Partnership for Children, which every Smart Start activity must aim to impact. Through FY 18-19, these standardized goals are called Community Indicators. The arrows below indicate how each section logically leads to the next. The final critical step is for the outcomes/Community Indicator results to then lead back to shaping activity design and program development.

Logic models help us understand the who, what, and why of our programs' service delivery.



FY 2018-19 Chatham County Partnership for Children's Smart Start Logic Model

Needs	Target Populations	Activities	Recipient Outputs	Outcomes Areas Addressed	Early Childhood Indicators* <i>not selected or required in italics; [1]= Official data unavailable</i>	Long Term Goals
A. Early Care & Education						
<p>In 2018, there were about 3,352 children birth to age 4 (<i>not yet in Kindergarten</i>) living in Chatham County.¹</p> <p>There is insufficient high quality child care available in Chatham County:</p> <ul style="list-style-type: none"> not all staff have adequate higher education in Early Childhood Education field; teachers are not all compensated adequately; families are not able to afford high quality care. 	<p>Child care providers of children 0-5 in Chatham and surrounding counties; potential child care providers.</p>	<p>1. <u>Child Care Resource & Referral Comprehensive</u>; including Quality Maintenance and Improvement, Professional Development for Child Care Providers, and Child Care Search.</p> <p>2. Subsidy Purchase of Care (POC)</p> <p>3. NC Pre-K Purchase of Care (POC)</p> <p>4. NC Pre-K Quality Maintenance</p>	<p>As of August 2018², Chatham County has: 1,272 children ages 0-5 (not yet in Kindergarten) enrolled in regulated child care plus more who live in Chatham & receive child care in other counties</p> <p>276 teachers, directors and other staff in licensed child care homes and centers 45 licensed child care facilities including 20 family child care homes & 25 child care centers (<i>additional in other counties</i>)</p>	A. Early Care & Education 1. Quality	4.0 avg. star rating in all age groups; 60% children in 4 and 5 star facilities in all age groups Subsidized Placements 4.25 avg. star rating-subsidy in all age groups; 70% children in 4 and 5 star facilities in all age groups	Children have access to high quality early childhood education.
				2. Workforce	Lead Teacher - 50% of children in all age groups enrolled in 1-5 star rated child care centers that have at least 5 or 75% lead teachers with college degrees. Administrator - 60% of children in all age groups enrolled in 1-5 star rated child care centers that have directors with college degrees.	Children are enrolled in child care facilities that provide a consistent high quality early education program by retaining competent, qualified staff.

*Early Childhood Indicator goals based on "High Performing" target set by NCPC

¹ From NC Office of State Budget and Management: https://ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2018.html

² DCDEE Monthly Statistical Report at https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/S/statistical_detail_report_june_2018.pdf

Needs	Target Populations	Activities	Recipient Outputs	Outcomes Areas Addressed	Early Childhood Indicators <i>not selected or required in italics</i> ; “[]”= Official data unavailable	Long Term Goals
B. Family Support & Early Literacy						
Parents need education and support with behavioral issues, discipline, development, and readiness skills. Early childhood literacy skills are essential to school readiness.	Chatham County children age 0-5 & their families.	5. Focus on Fathers 6. Raising A Reader (RAR) DOLLY PARTON IMAGINATION LIBRARY	3,352 children birth to age 4 not yet in Kindergarten living in Chatham County and their families Est. 2413 children ages 0-4 or 72% not in regulated childcare.	B. Family Support 1. Early Literacy 2. Reports of child abuse/neglect.	No less than 5% and no more than 12% of children 0-5 will have an investigated report of child abuse/neglect.	Families have the knowledge and skills needed to ensure that their children enter school healthy and ready to succeed.
C. Health & Early Intervention						
Need to increase access to healthcare to improve the health and safety for young children, prevent childhood obesity, and ensure that more children are screened for developmental delays and referred to services for help before they start school.	Chatham County children age 0-5 & their families.	7. Assuring Better Child Health & Development Project (ABCD) 8. Child Care Behavior Consultant 9. Child Care Health Consultant	3,352 children birth to age 5 not yet in Kindergarten living in Chatham County and their families	C. Health & Early Intervention	Early intervention – No less than 4% and no more than 10% of children 0-2 & 3-5 years who receive early intervention or special education services Use of Primary Health Care - 85% of Children Enrolled in Medicaid Who Receive a Well-Child Exam Early Childhood Obesity — 70% of Low-Income Children Age 2 – 4 Who Are at a healthy weight.	Families have access to healthcare, and are provided services to families to improve the health and safety for young children.
D. Program Support						
Programs must be Evidence Based or Evidence Informed , need support for ensuring best practices and evaluating results. Increasing awareness of and access to services.	Service providers, Partnership Board & staff, and local community members	10. Program Coordination & Evaluation	10 Smart Start Funded Programs	D. Program Support	Audit findings – one or fewer findings All Measure of Impact standards (Indirectly)	Programs provide services according to model fidelity and are using best practices.

Background Demographics

Chatham County is a rural county, with 66% of the population classified as living in rural areas.¹

The 2017 median household income was \$59,684 (latest available data).² In Chatham County in the 2017-18 school year, 50% of students received free or reduced-price lunch in public schools.³

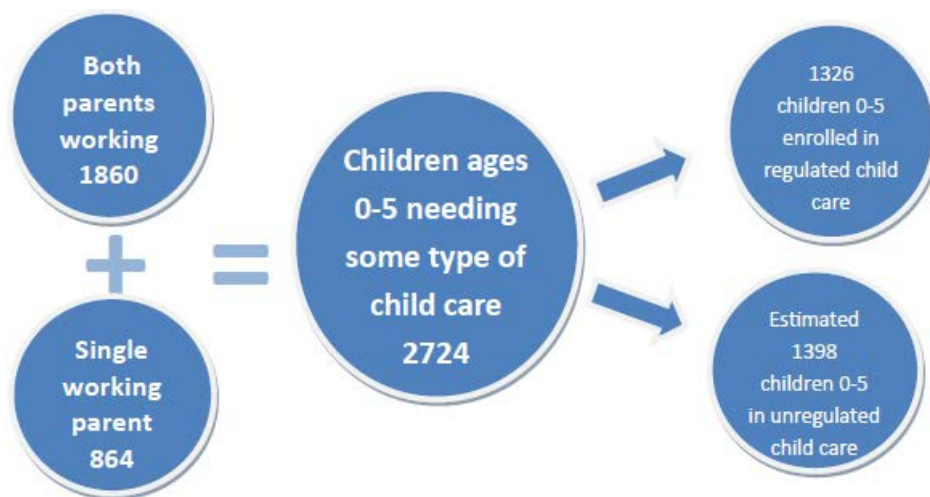
As of 2019, Chatham County has an estimated population of 77,264, with a population of children birth to five years old of 3,448 (including 5 year olds in Kindergarten).⁴ By 2017 estimates, 1,097 children under age 6 live in poverty in Chatham County.⁵ (The Federal government defined poverty in 2017 as a household income of \$24,600 for a family of four or \$20,420 for a family of three).⁶

Many families with young children in Chatham County that do not live below the federal poverty line nonetheless face economic challenges. According to the Massachusetts Institute of Technology Living Wage Calculator, a single parent with two children in Chatham County needs to earn \$59,925 before taxes to support his or her family.⁷

Child Care Quality & Availability

One of the primary factors influencing school readiness is the availability of quality child care and early education. Approximately 2724 children ages 0-5 in Chatham County need child care, while their parent(s) work outside the home.⁸ About 1326 are enrolled in child care facilities licensed by the State of North Carolina.⁹ Others are cared for in informal care situations, with relatives, nannies or other unregulated care arrangements.

Number of Children in Need of Child Care



¹ From NC Economic Data & Site Information, ACCESSNC County Profile, July 2018:

<http://accessnc.nccommerce.com/DemoGraphicsReports/pdfs/countyProfile/NC/37037.pdf>

² U. S. Census Bureau, 2016 American Community Survey. <https://www.census.gov/quickfacts/fact/table/chathamcountynorthcarolina/INC110216>

³ Kids Count Data Center, Percent of students enrolled in free and reduced lunch in CHATHAM COUNTY SCHOOLS.

<https://datacenter.kidscount.org/data/tables/2239-percent-of-students-enrolled-in-free-and-reduced-lunch#detailed/10/5032/false/1648,1603,1539,1381,1246,1124,1021,909,857,105/any/4682>

⁴ NC Office of State Budget and Management. https://ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2019.html

⁵ U.S. Census Bureau, 2017 American Community Survey. B17024: Age by Ratio of Income to Poverty Level In the Past 12 Months.

www.data.census.gov

⁶ US Department of Health and Human Services 2017 Poverty Guidelines. <https://aspe.hhs.gov/2017-poverty-guidelines>

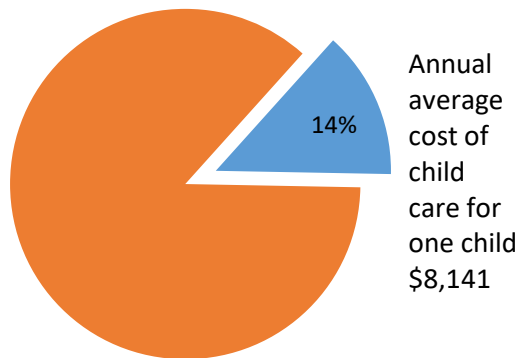
⁷ Living Wage Calculation for Chatham County, North Carolina. <http://livingwage.mit.edu/counties/37037>

⁸ U.S. Census Bureau, 2017 American Community Survey. B23008: AGE OF OWN CHILDREN UNDER 18 YEARS IN FAMILIES AND SUBFAMILIES BY LIVING ARRANGEMENTS BY EMPLOYMENT STATUS OF PARENTS. www.data.census.gov

⁹ NCDCDEE Monthly Statistical Report October 2019. <https://ncchildcare.ncdhhs.gov/County/Child-Care-Snapshot/Child-Care-Statistical-Report>

Child Care Cost as Portion of Median Income

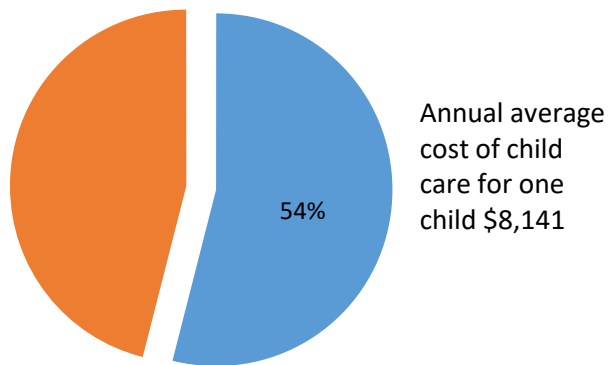
Chatham County Median Income



A major factor influencing a parent's decision to enroll their child in regulated child care is cost. The annual cost of child care for one child in Chatham County is equal to about 14% of Chatham County Median Income¹ and 54% of full-time NC minimum wage income.

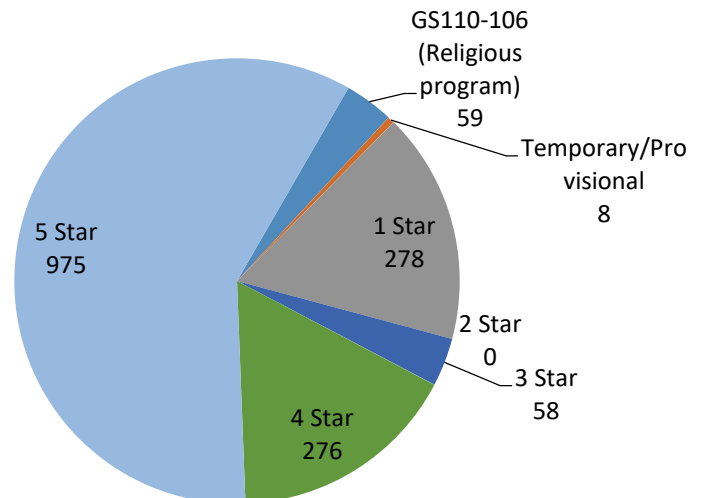
Child Care Cost as Portion of Minimum Wage Income

Full-time minimum wage income \$15,080

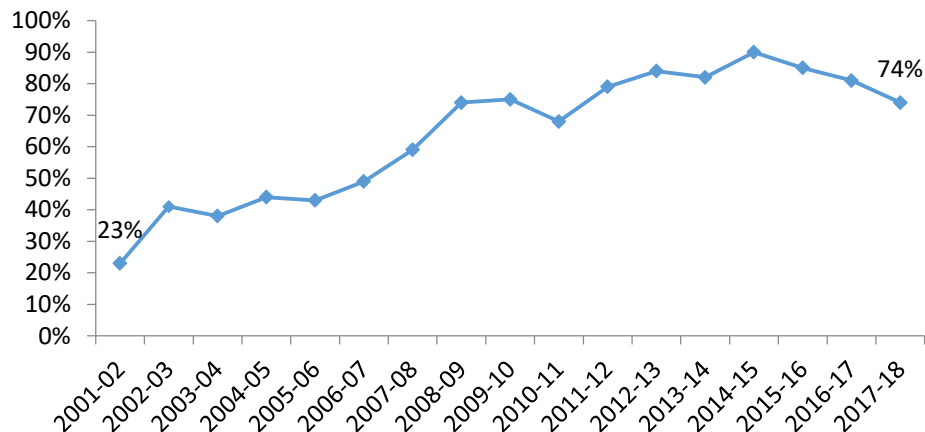


Daytime Slots Available by Star Rating

The supply of quality child care, however, has increased steadily in Chatham County. As seen to the right, most of the regulated child care slots in the county are in 5-star rated facilities.¹ A 5-star rating requires personnel that have formal education in child development as well as the facility's adherence to various voluntary quality standards.



Percent of Children in Regulated Child Care Enrolled in 4 & 5 Star Care Over Time¹⁰



Another important way to measure the reach of quality child care is the percent of children in regulated care who are enrolled in 4-star and 5-star programs. In 2017-18 (the newest data available), this percentage was 74%. Also important is the percent of children receiving child care subsidies that are enrolled in 4-star and 5-star programs, which was 98% in 2017-18.

A 5-star rating is one concrete way to measure the quality of child care that children receive; however, the Partnership continues to promote best practices in early education and care that go beyond the requirements of a 5-star license such as positive relationships between teachers and children, increased physical activity, and effective literacy practices. Information about the results of these efforts can be found in the various activity results included in this report.

These selected child care statistics shed light on one of the Partnership's primary ways to impact children, which is the quality of child care. The Partnership welcomes input from new partners and community volunteers on how this data should inform its programming decisions.

¹⁰ North Carolina Partnership for Children, Performance Based Incentive System Results Reports, 2005-2016, and Community Early Childhood Profile, 2017-2018

The Smart Start Investment

In FY 2018-19, the Chatham County Partnership for Children (CCPC) funded 9 activities with **\$828,338** in Smart Start program funds. An additional \$93,132 was funded for administration for a total allocation of **\$926,470**. Funding for Smart Start has been stable for the most recent 4 years but remains at 30% less than previously funded. Additional investments from the NC Legislature have been targeted to specific program services and geographic locations that have not benefited Chatham County. .

Smart Start activities focus primarily on improving the Early Care and Education system in each community. North Carolina Smart Start legislation requires that **70%** of all Smart Start funds must be spent on “child care related activities,” with at least **40%** designated to child care subsidy. The chart below shows how Chatham County funds have been allocated to our program services.

2018-19 Smart Start Funded Activities

Activity Name	Community Partner	<i>FY18-19 Allocation</i>
Early Care & Education*		
1. Child Care Resource & Referral	In-house	\$ 164,747.00
2. NC Pre-K Purchase Of Care (POC)	In-house	\$ 110,880.00
3. Subsidy Purchase Of Care (POC)	Department of Social Services	\$ 231,224.00
Family Support & Early Literacy		
4. Focus on Fathers	Chatham County Public Health Dept.	\$ 56,031.00
5. Raising A Reader (RAR)	In-house	\$ 45,905.00
Health & Early Intervention		
6. Assuring Better Child Health and Development	Chapel Hill Training & Outreach Project	\$ 31,928.00
7. Child Care Behavior Consultant*	Chapel Hill Training & Outreach Project	\$ 41,482.00
8. Child Care Health Consultant*	Chatham County Public Health Dept.	\$ 71,010.00
Program Support		
9. Program Evaluation and Coordination	In-House	\$ 75,131.00
Grand Total in Funded Services		\$ 828,338.00

**When calculating the funding by area, Child Care Behavior Consultation and Child Care Health Consultation are included in ECE since they are child care-based but included under Health when considering the Smart Start indicators of community impact.*



FY 2018-19 Cash & In-Kind Match Requirement, 19%: \$175,079.00

Reported Match, >19%: 169,792.09

Part II: Full Individual Activity Reports

A. Early Care & Education

Child Care Resource & Referral

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2018-19 **\$164,747**

FY 2017-18 **\$166,120**

Initially Funded: **1995**

Activity Description

Child Care Resource & Referral provides child care resource and referral services to Chatham County. Technical assistance is provided to child care programs regarding the CLASS tool, quality maintenance and quality improvement. A variety of trainings and an annual child care professional conference are offered to child care providers. A Child Care Professional Advisory Council is coordinated. A Resource Library is made available to child care providers. Consumer education and referrals are provided to parents. Spanish-language interpretation and translation are provided to child care programs. An annual bilingual children's literacy festival is held. Material grants are provided to licensed child care programs participating in the annual conference, CLASS technical assistance and star-rating technical assistance, if funding allows. The positions partly funded through this project include Provider Services Coordinator, Resource Coordinator, Bilingual Child Care Liaison, Program Specialist, Program Director, and Data Specialist.

Target Population

Child care providers working in regulated child care centers and homes; the children they serve; and children and families in need of child care or preschool services.

What did we do?

Program Outputs	FY 18-19		
	Projected	Actual	Actual/ Projected
# unduplicated direct teaching staff attend training	150	209	139%
# child care providers attend the conference (a subset of above)	50	69	138%
# facilities participate in activities to increase or maintain quality (on-site TA)	15	22	146%
# classrooms or homes serving ages 0-5 receive on-site TA/coaching for star-rating assessment or quality maintenance	20	45	225%
# infant, toddler or preschool teachers receive 2 sessions of TA/coaching on positive interactions using the CLASS tool	5	3	60%*
# advisory council meetings held	5	5	100%
# Chatham County parents of children ages 0-5 receive individualized child care referrals and consumer education	100	104	104%
# people attend Day of the Books	300	331	110%
# unduplicated child care facilities or related service providers receive interpretation/translation service to communicate with Spanish-speaking families	7	9	129%
# instances of interpretation/translation service to child care facilities or related service providers	20	15	75%
# Chatham-based children impacted	n/a	985	n/a

**Efforts were made to engage child care teachers in CLASS TA over 3 years, but it did not fit their needs. In FY19-20, this component has been replaced with services that we hope will better fit the needs of the child care facilities.*

What impact was achieved?

Program Outcomes <i>By June 30, 2019 ...</i>	Status	FY 18-19 Actual Outcome
90% of training attendees indicate that the trainings provided them with new knowledge or skills	●	93%
90% of conference attendees indicate that the trainings provided them with new knowledge or skills	●	100%
60% of classrooms participating in CLASS TA will demonstrate a 25% increase in average pre/post scores	○	0%*
90% of participants responding to a survey report implementation of one or more strategies provided by TA staff to improve the quality of care in their classroom/home	◐	84%
12% increase in average star-rating pre/post TA	◐	8%
80% of parents who received a referral, responded to a follow-up survey and chose licensed care indicate that they chose 4 or 5 star care	◐	67%
100% of providers using the service and responding to a survey indicate that it improved their communication with Spanish-speaking families	●	100%
grant materials will be observed in use in 100% child care facilities where grants were made	●	100%
30% of parents of children ages 0-5 who attend the event will access Smart Start or early childhood services as a result of follow-up contact.	●	33%

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved

*Although 3 child care teachers participated in CLASS TA, none received pre/post assessment, due to teacher inability to continue for personal reasons or turnover.

Success Story

Our staff noticed that family child care home (FCCH) providers often feel isolated, as they are usually the sole adult working in their child care business. There were no group settings for them to meet with other family child care operators like themselves, and the many training events we hold did not provide a space for peer support. In response, we set up a Family Child Care Home Roundtable, an evening meeting usually at a Siler City restaurant where the FCCH operators could both receive resources from Partnership staff as well as offer support to one another. Three meetings were held in FY18-19 and 11 out of 19 total FCCH providers in Chatham County attended at least one roundtable. The providers report that they feel more supported than previously and enjoy having the time together to share and problem-solve around the challenges that are specific to caring for children in their own home. It has also helped to build trust between the FCCH providers and Partnership staff and has given the TA staff a better understanding of the difficulties that are unique to FCCH operators. Once we realized that the FCCH Roundtable was well-received, we made a plan to implement a FCCH Professional Learning Community in the coming fiscal year, with at least 6 meetings planned.



Additional funding for CCR&R in FY18-19 was provided by: United Way, Chatham County Nonprofit Grants, and the NC Division of Child Development through the NC CCR&R Council.



NC Pre-K Purchase of Care (POC)

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2018-2019 **\$110,880**

FY 2017-2018 **\$110,880**

Initially Funded: **2004**

Activity Description

Financial assistance is paid on a direct per-child basis for the purpose of enhancing the NC Pre-K rate for children enrolled in and being served through NC Pre-K and whose families are eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Data is reported as directed by DCDEE.

Target Population

Children who are 4 years old as of August 31 and who are considered at-risk due to low family income and other factors (e.g., developmental needs, disability, military service).

Who was served?

Recipient	FY 18-19		
	Projected	Actual	Actual/Proj.
Number of children funded	No Proj.	24	NA

What impact was achieved?

Program Outcomes*	Status	FY 17-18 Actual Outcome
<i>By June 30, 2018, ...</i>		
Average star rating for subsidized children	●	4.80
Percentage of subsidized children in 4 & 5 star care	●	98%

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA=Not Available or Not Applicable

Success Story

Some NC Pre-K classrooms choose to send out a parent survey at the end of the school year. One of the classrooms received this feedback from a parent of an ESL child:

My daughter has learned to speak English in this class. She is able to write her name and she knows letters and numbers. The daily routine has helped her to become more independent and safe. Thanks for the great job!



Subsidy (Purchase of Care)

DEPARTMENT OF SOCIAL SERVICES

Funding: FY 2018-19 \$231,224

FY 2017-18 \$240,805

Initially Funded: 1995

Activity Description

Financial assistance is paid on a direct per-child basis for the purchase of part- or full-day care and/or rate enhancements for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). This activity is implemented through the state-level subsidy contract and is governed by a Memorandum of Understanding between the Local Partnership and the Department of Social Services, which serves as the Local Purchasing Agency.

Target Population

Chatham County children birth to age 5 enrolled in 4- or 5-star care whose families' income is 200% of federal poverty level or less .

Who was served? (Count of Children Served by Smart Start and other Subsidy funds each month)

Number of children served each month varies for many factors including billing codes, invoicing by providers, and family mobility to name a few. Smart Start funds support a portion of children each month. As many as 65 children have been funded by Smart Start. Smart Start funds are combined with other state subsidy funds. A total of over 400 children were served.

What impact was achieved?

Program Outcomes	Status	FY18-19 Actual Outcome
By June 30, 2019, ...		
Average star rating for subsidized children in FY 18-19*	●	4.5

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable



B. Family Support & Early Literacy

Focus on Fathers

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT

Funding: FY 2018-2019 **\$56,031**

FY 2017-18 **\$54,964**

Initially Funded: **1999**

Activity Description

The Nurturing Parenting program is provided through Chatham County Public Health Department's Focus on Fathers Program, which is designed to increase Chatham fathers' family and life-skills competencies and to prepare them for a lifelong role of mentoring their children. Group meetings address emotional support and life-skills training needs for the fathers and promote father-child bonding through recreational and educational activities. The Focus on Fathers Coordinator provides one-on-one assistance and support through home visits to program participants to assist them in meeting individualized service goals. The Coordinator organizes and facilitates group meetings. Monthly skill-building sessions cover a variety of topics including child development, parenting issues, and family and life planning. Skill-building sessions utilize the Nurturing Parents Program Curriculum through home visits and group meetings. Parent Leadership Support Groups emphasize parent leadership. Participants identify topics of interest and help with planning group meetings. Services are provided to up to 20 fathers.

Target Population

Fathers of children 0-5 years of age who live with or apart from their children.

Who was served?

Recipient	FY 17-18		
	Projected	Actual	Actual/Proj.
# fathers will receive individual support services	20	20	100%
# fathers will participate in an ongoing parent education-focused group and/or family activity.	20	20	100%

What impact was achieved?

Program Outcomes	Status	FY 17-18 Actual Outcome
By June 30, 2018, ...		
75% (15 of 20) of fathers report that they have used at least 3 of the parenting education concepts in responding to their child's behavior or in activities with their child	●	80% 16 of 20

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA=Not Available or Not Applicable

Success Story

One participant of the Focus on Fathers (FOF) program who has been involved in the program since 2016 shows major improvements, including the understanding of the importance of fatherhood. Upon his release from incarceration, this father went from spending only a few hours a week with his two children to being able to have them over more extended periods of time, including overnight visits. He also continues to seek employment as he strives to better himself for his children.

Raising a Reader

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY18-19 **\$45,905**

2017-18 **\$45,974**

Initially Funded: **2012**

Activity Description

Raising A Reader promotes improved literacy development through daily book sharing between caregivers and young children. The RAR Coordinator holds a Bachelor's degree in early childhood education or related human service field and is required to attend the RAR National Coordinator Training prior to initial implementation. The Coordinator hosts two trainings for the site implementers (classroom teachers) that have been identified to participate in this project. Families are loaned a book bag containing high-quality developmentally appropriate children's books. The books are exchanged each week. Parents of the children in the project are invited to participate in at least two parent workshops where they will learn book sharing strategies. At least one library event is provided for RAR participants and their families. Participants and their families are also provided with library information, a library card application, and other community literacy resources. The program is implemented with fidelity to the national RAR model. Smart Start funds may also be used to purchase book sets (including replacement books, new sets, and replacement blue book bags), to purchase additional resource materials for teachers and parents, to provide food and child care for families participating in workshops, and incentives for participating families. Shared reading sessions take place at participating sites at least once a week.

Target Population

In Chatham County, Raising A Reader is provided children, parents and classroom teachers in child care centers. Participating centers must have a 3-star rating or higher and serve low-income children ages birth to five. Priority for center selection is on those that serve children ages birth to three and have a high proportion of low-income children.

What did we do?

Program Outputs	FY18-19		
	Projected	Actual	Actual/Proj.
# RAR participating child care sites	9	7	78%
# Classrooms	28	30	107%
# Children in RAR classrooms	340	366	107%
# Implementers (teachers)	48	70	146%
# Implementer trainings	3	5	167%
# Coaching sessions (2 per implementer)	76	77	101%
# Total weeks bags rotated (in all sites)	672	602	90%
# Weekly shared reading sessions, 24 per classroom	672	890	132%
# Site visits (4 per site)	112	118	105%
# Parent workshops (2 per site min)	18	13	72%
# Total unduplicated parents attending workshops	215	216	100%
# Library events	1	1	100%



What impact was achieved?

Program Outcomes	Status	FY18-19 Actual Outcome
<i>By June 30, 2019 ...</i>		
55% of parents will report an increase in the number of times per week they read with their child.	●	64%
55% of parents will report an increase in the use of recommended early literacy reading strategies in the home.	●	26%
75% of teachers will show an increase in the use of recommended early literacy strategies in the classroom.	●	63%
		19 out of 30

● = Achieved; ● = Made Significant Progress; ○ = Not Achieved; NA=Not Available or Not Applicable

Success Story

This year's Raising a Reader success story took place in an Early Head Start classroom in Siler City. The classroom consisted of eight low-income children, some of whom were limited English speaking, and two teachers. At the beginning of the year, the teachers made home visits to introduce the RAR program to all families. During these visits, they explained how the program worked, the importance of book sharing, and provided early literacy ideas to the parents. Additionally, both teachers attended Raising a Reader early literacy trainings throughout the year and used learned strategies to improve and integrate RAR into their classroom. They consistently rotated RAR bags and read books to the children daily. In a just a few short months, the teachers reported that children were able to recognize some of their favorite Raising a Reader books by the covers and enjoyed the RAR books being read at school. During subsequent home visits, parents shared that they enjoyed reading with their children and many had established a reading routine at home.



Dolly Parton's Imagination Library

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY18-19 \$11,855.00

2017-18 \$11,777.00

Initially Funded: 2017

Activity Description

Dolly Parton's Imagination Library is an early literacy promotion program funded by the NC Legislature through the NC Partnership for Children with non-Smart Start funds. Chatham County Partnership for Children is the local affiliate administering the program for Chatham County. Children receive a high-quality, age-appropriate book in the mail each month. Children who sign up at birth will have a library of 60 books by the time they turn five.

Target Population

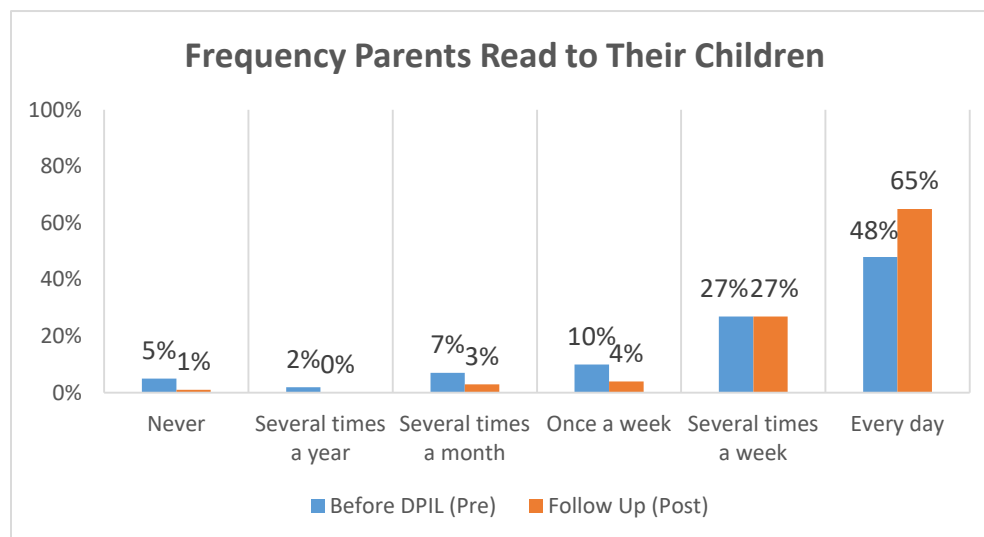
All Chatham County children are eligible from birth through their 5th birthday.

What did we do?

Program Outputs					
Total YTD children enrolled by June 30, 2019	12,896	Total YTD books mailed by June 30, 2019	12,896	Total books mailed during FY18-19	1,300

What impact was achieved?

Statewide Results: Prior to DPIL, 48% of children were read to every day by parents and caregivers. At follow up, 65% of children were read to daily.



n=18,983 Source: Smart Start DPIL Follow Up Survey, 2018



C. Health & Early Intervention

Assuring Better Child Health and Development Project

CHAPEL HILL TRAINING AND OUTREACH PROJECT

Funding: FY 2018-19 **\$31,928**

FY 2017-18 **\$30,878**

Initially Funded: **2008**

Activity Description

The Assuring Better Child Health and Development (ABCD) Project is an evidence-based model that improves the quality child development services in primary care medical practices and enhances developmental screening and referral for children ages 0-5 in the context of the medical home. The project provides training and on-site technical assistance to at least three medical practice sites to facilitate the identification of children who may benefit from early intervention services. Services are provided to physicians and their staff at various times to support the integration of standardized, validated developmental screening and referral into designated well-child visits, the provision of information and education to families regarding their child's development, and collaboration with community partners to ensure follow-up to the practices regarding the children's development, referral and treatment plans. Services are provided by a child health or child development specialist with experience in group training and experience working with young children and their families. The project also develops and disseminates appropriate materials to participating practices including a community resources directory or referral handouts. In addition, project staff provides each participating medical practice with a set of developmental screening tools.

Target Population

A minimum of three primary care practices/medical homes caring for children ages birth to 5 receive three levels of service:

Level 1: Basic ABCD Implementation- up to 6 months, which requires monthly visits to practice

Level 2: Intensive Services- up to 12 months, which requires monthly visits plus calls, emails, etc.

Level 3: Maintenance Services- 18 months and beyond, with periodic/upon request contact

The participating practices serve an estimated 33% of Chatham County children age birth-5

What did we do?

Program Outputs	FY18-19		
	Projected	Actual	Actual/Proj.
# community meetings and presentations to promote the ABCD program, help establish and maintain communication between physicians & early intervention agencies, and support established referral procedures.	10	20	210%
# primary care practices participating in this activity	3	4	133%
# health care providers participating	15	19	133%
# of children in participating practices	1500	1556	120%
# Medicaid-enrolled children age birth-5 yrs (estimated) served in participating practices	1000	713	68%
# practices completing the survey (completed by providers and key practice staff)	3	3	100%
# ongoing chart audits performed every 6 months	3	4	233%
# on-site training sessions conducted	3	5	267%
# technical assistance sessions provided (via phone, email, and onsite visits)	15	16	113%

What impact was achieved?

Program Outcomes	Status	FY18-19 Actual Outcome
<i>By June 30, 2019, ...</i>		
90% of reviewed charts will note that children received developmental screenings with a validated screening tool at their most recent well-child visit.	●	91% 121 of 133
70% of reviewed charts will note that children received autism-specific screening at designated well-child visits (18 and 24 mos).	●	95% 38 of 40
70% of children with developmental concerns in participating medical practices will be referred for further assessment or services.	●	83% 48 of 57
55% of children referred for developmental assessment or services by participating medical practices receive the follow-up services.	○	66% 14/21*

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable
**chart reviews are an inaccurate method to determine whether the child receives follow-up services, since practices do not always receive follow-up.*

Success Story

Siler City Community Health Center started the year off with a large switch in providers and staff, which was reflected in poor chart review results. I reached out to the clinics and have done trainings with clinic managers, nurse managers, new staff, nurses, and providers around Medicaid expectations and referrals for early intervention. The number of children screened went from 70% to 80%, and children screened for autism went from 87% to 93%. Efforts will continue to increase these numbers in the following year.

North Chatham was historically a difficult clinic to contact or do in service trainings with. They started the year with lower developmental and autism screening rates uneven and low across providers. I worked closely with their lead provider, Kim Kylstra, to provide technical assistance and trainings. Our last training was an early intervention round table, where CDSA, the preschool system, and early childhood mental health representatives attended to speak about what services look like, and how to make referrals. At this meeting, all clinic provider, nurses, and referral coordinators were in attendance. This was my biggest early intervention round table to date for ABCD.

I am working closely with the health department and Siler City Community Health Services to help combine services now that CC4C (Care Coordination for Children) will no longer exist in Chatham County. We are all working together to find the best services for families, as well as planning for future services with the Hospital.



Child Care Behavior Consultation

CHAPEL HILL TRAINING OUTREACH PROJECT/KIDSCOPE

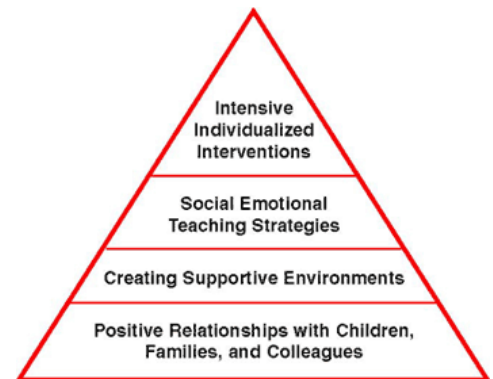
Funding: FY 2018-19 **\$41,482**

FY 2017-18 **\$27,285**

Initially Funded: **1998**

Activity Description

Chatham Childcare Behavior Consultation (CCBC) provides culturally sensitive, primarily indirect services for children birth to 5 in Chatham County childcare and early education settings for children identified with behavioral and/or social/emotional problems. Services include capacity-building for staff and family members, observing children and caregiving environments, and designing interventions that involve changes in caregivers' behaviors. The consultant provides pre- and post-screening using a standardized assessment tool (e.g., Devereux Early Childhood Assessment-Clinical [DECA-C] or other). The consultant collaborates with agencies, families, and caregivers who intervene directly with children in childcare and early education settings. This team (family, staff, and consultant) use interview, screening, and observation data to create a success plan addressing behavior(s) and the cause(s). The consultant provides on-site consultation, coaching, and instruction to caregivers using an evidence-based model such as the Teaching Pyramid Model created by the Center on the Social Emotional Foundations of Early Learning (CSEFEL), which enhances skills and knowledge about responding effectively to behaviors and promoting classroom success. The consultant provides trainings when needed. The success plans are delivered to the family along with information to access community resources to meet the child's needs. The consultant will also provide outreach to the community to increase awareness and understanding of CCBC. CCBC is staffed by one part-time qualified professional who promotes social/emotional development of at least 40 Chatham County children by improving adults' effectiveness in their interactions with young children.



Target Population

Children age 0-5 in licensed child care centers or homes in Chatham County who have a social-emotional or behavior concern and their parents/guardians and child care providers.

What did we do?

Program Outputs	FY 17-18		
	Projected	Actual	Actual/Proj.
# Children with special needs who participated	42	40	95%
# Child care facilities who participated	No proj.	18	NA
# Child care centers	No proj.	16	NA
# Family child care homes	No proj.	2	NA
# Parents of children served due to behavioral, emotional or social adjustment issues.	42	100	238%
# Child care providers received onsite consultation using evidence-based principles	36	61	169%
# Direct teaching staff who attended at least one non-credit based training or workshop	50	263	526%

What impact was achieved?

Program Outcome <i>By June 30, 2018, ...</i>	Status	FY 17-18 Actual Outcome
80% (32 of 40) of children with post-screeners completed made progress towards typical or enhanced development. *28 post screeners were given out YTD with 17 being the number of returned surveys.	●	100% 17 of 17*
80% (32 of 40) of the children referred for behavior concerns enrolled in childcare facilities & served for at least 6 months or who completed the consultation process, remain in the same facility for at least 6 months or the natural end of each child's placement.	●	96% 44 of 46*
80% (32 of 40) of parents demonstrate an increase in positive parenting practices. *39 parent surveys were given out YTD with 15 being the number of returned surveys.	●	87% 13 of 15*
80% (29 of 36) of Child Care Providers who receive consultation demonstrate increased implementation of prevention and intervention approaches to young children's social-emotional development according to the Teaching Pyramid Observation Tool (TPOT). *40 pre TPOTs were completed, but with the transition of consultants only 8 post TPOTs were able to be completed.	●	85% 30 of 35*
80% (20 of 25) of training participants report an increased knowledge in teaching social/ emotional skills to young children.	●	80% 224 of 279*

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

*Not all screeners or tools were submitted (some cases were not yet completed), leading to lower outcome numbers

Success Story

A mother called to receive some help for her son. This is his fourth preschool in two counties over three years. The director and teachers were ready for anything that could help him succeed in the classroom, and help them survive each day. We set up a plan of action for screeners, observations, and how to provide feedback. After the first observation, the consultant shared some data collected on time engaged for the child. The teacher recognized how she could set him up for success. At the next observation, the teacher shared how his engagement and time on task seemed to be increasing with her adding more music and movement throughout the day for the child, and the entire class. Similar discussions and data sharing happened after each observation. After reviewing the Success Plan with the mother and teacher, strategies were implemented, and the child's engagement continued to increase. His self-control also was improving. The teacher expressed pleasure and excitement in his growth, and added that the relationship between the mother and teachers had also improved.

Child Care Health Consultation

CHATHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

Funding: FY 2018-19 **\$71,010**

FY 2017-18 **\$69,178**

Initially Funded: **1998**

Activity Description

The Child Care Health Consultation model promotes healthy and safe environments for children in child care settings through targeted and comprehensive consultation, group training and general resource sharing. The CCHC follows the North Carolina CCHC Service Model for implementation of the activity by providing the following services to child care facilities, staff and others as needed. 1) Targeted consultation consisting of short technical assistance (onsite, telephone, email) focused on a specific issue or identified need. 2) Comprehensive consultation consisting of long term technical assistance that involves observation, on-going assessment, and the development of a quality improvement plan that may include multiple areas of identified need. 3) Group training and general resource sharing of up-to-date information on regulations and best practices for development, health and safety in areas such as nutrition and physical activity; inclusion of children with special health care needs and developmental disabilities; safe sleep practices and policies; injury prevention; and increased access to primary, preventive health care and health insurance. Documentation is maintained for all consultation and training. The Child Care Health Consultant (CCHC) is a Registered Nurse with a Degree in Nursing (ASN or BSN) or a health professional with a minimum of a Bachelor's Degree in health education or a health-related field. The health professional is or will become a qualified CCHC in North Carolina through the completion of the NC Child Care Health Consultant Training Course and receipt of a certificate of qualification. Smart Start funds may be used for health and safety related assessment, technical assistance/ training, and/or age appropriate health and safety awareness materials. Non-cash grants may be provided for eligible child care participants.

Target Population

General Services: Licensed child care facilities that serve ages 0-5 in Chatham County with a 3, 4, or 5-star rating and that accept child care subsidy; new, recently licensed facilities with a temporary license. Priority given in order of the vulnerability of the children in group settings: 1) infants and children with special needs, 2) toddlers, and 3) preschool-age children.

Intensive Services: Qualified facilities will be prioritized for intensive CCHC services based on selection criteria: 1-3 star ratings; infant-toddler care, current or recent history of sanitation noncompliance or demerits; current or recent history of administrative action; immunization noncompliance; and history of communicable disease outbreaks.

What did we do?

Recipient	FY 18-19		
	Projected	Actual	Actual/Proj.
43 Licensed facilities received immunization record reviews	43	43	100%
30 Child care facilities that received any child care health consultation (on-site, phone, training, etc.)	30	41	137%
30 Child care facilities received at least one on-site consultation from CCHC	30	25	83%*
10 Group trainings each year	10	17	170%
60 Staff attended non-college credit based training workshops conducted by CCHC	60	119	198%**
15 Licensed child care facilities received intensive child care health consultation services, which included at minimum the sections of the NC Child Care Health and Safety Assessment: Forms and Policies, Medication Administration, and Emergency Preparedness	15	15	100%
20 Child care facilities with at least one teacher attending CCHC trainings	20	33	165%

What impact was achieved?

Program Outcome <i>By June 30, 2019, ...</i>	Status	FY 18-19 Actual Outcome
100% of facilities will submit immunization records as evidenced by Annual Child Care Immunization report forms	●	100% 43 of 43*
90% of children in licensed child care will have up-to-date immunization status as evidenced by the Annual Child Care Immunization Report and follow up assessments.	●	99% 1286 of 1299*
Facilities that receive on-site TA involving the use of the NC Health and Safety Assessment tool will show a 20% increase between their pre and post assessment scores in the areas addressed or have a post test score of 80.	●	100% 43 of 43
100% of child care centers working with CCHC to participate in NAP SACC will demonstrate improvement in nutrition and physical activity practices as measured by an increase from pre- to post- mean NAP SACC Self- Assessment scores.	●	100% 27 of 27
40% increase of children up-to-date with immunizations as demonstrated through record review pre and post consultation. <i>(note-total number was 1299, the remaining not up-to-date had religious exemptions)</i>	●	14% 1273 to 1287*

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA=Not Available or Not Applicable

Success Story

The following is an article that appeared in the Chatham News and Record on September 18, 2019 about the official Breastfeeding Friendly Child Care designation that Carly Pedrotty of Little Sweet Potatoes received. Carly attended Dorothy's Breastfeeding Friendly Child care training and received long term technical assistance to develop her policy handbook and program procedures to apply for the "breastfeeding friendly" designation.

On July 15th Little Sweet Potatoes, a family child care home in Pittsboro, became the first child care program in Chatham County and currently the only family child care home in the state, to achieve the official designation by the North Carolina Division of Public Health as a "Breastfeeding Friendly Child Care Environment".

Breastfeeding provides health benefits for both infants and mothers, including a reduced risk for asthma, obesity, SIDS and ear infections for infants and a reduced risk for high blood pressure, type II diabetes, ovarian and breast cancers for mothers. Little Sweet Potatoes is owned and operated by Carly Pedrotty, who has supported parents with their children's feeding plans for over five years. Pedrotty's program earned the highest level within the designation by achieving all five standards, which include implementing a policy that reflects a commitment to promoting and supporting breastfeeding, offering community resources and information about continued breastfeeding in the child care setting, receiving training on skills for promoting breastfeeding and supporting family feeding choices, providing a breastfeeding friendly environment and providing interactive and developmentally appropriate learning opportunities that normalize breastfeeding for children in the program.

Wilder Horner, a parent of two children who attend Little Sweet Potatoes said, "Carly makes this daycare a really comfortable environment for all parents and their different feeding choices. I think it's important that she receive this official designation for work she has already been doing for years."

Commenting on Pedrotty's designation, Jessica Bridgman, Coordinator of the NC Breastfeeding Friendly Child Care Designation program at the Nutrition Branch said, "Family Child Care Homes have a unique opportunity to support the families they serve in a most familiar setting, the home environment. Achievement of the [North Carolina Breastfeeding-Friendly Child Care Designation](#) (NC BFCCD) exhibits a superior dedication and commitment from Early Care Educators to support their community and the feeding goals of all families. This type of support can have a life-long impact for families, which Early Care Educators recognize. Achievement of the NC BFCCD also aligns with statewide strategies outlined in the [North Carolina Early Childhood Action Plan](#) to encourage breastfeeding-friendly policies across all communities."

Any licensed child care facility in the state can apply to receive the designation through the North Carolina Nutrition Branch's Breastfeeding Friendly Child Care program. Parents and child care staff who would like to learn more about how to support breastfeeding in child care environments in Chatham County can contact Dorothy Rawleigh, the Child Care Health Consultant at the Chatham County Public Health Department at dorothy.rawleigh@chathamnc.org.

D. Program Support

Program Coordination/Evaluation

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (*IN-HOUSE*)

Funding: FY 2018-19 **\$75,131**

FY 2017-18 **\$85,800**

Initially Funded: **1995**

Activity Description

To ensure contract compliance and provide information for activity development and improvement, Chatham County Partnership for Children implements a comprehensive and formative program evaluation system. The system develops and implements a plan for gathering evaluation data on all Smart Start projects in Chatham, as well as for participating in statewide evaluation efforts. It also supports the enhancement of comprehensive and integrated early childhood initiatives and increases the knowledge of issues, research, service delivery systems and model programs relevant to young children and their families. Partnership staff provides the services; the program is based at the Partnership headquarters in Pittsboro. All Smart Start contractors receive services. Evaluation staff (Executive Director, Program Director, Smart Start NCPK Program Coordinator, Data Specialist, and contract staff as needed) complete state-requested data forms; conduct special issues research studies; serve as a staff support to the planning committees in the county; participate in program and fiscal monitoring activities; and provide support to the Board and Executive Director.

Target Population

All Smart Start-funded community partners, the CCPC Board of Directors, committees, and Chatham County community.

Who was served?

Recipient	FY 18-19		
	<i>Projected</i>	<i>Actual</i>	<i>Actual/Proj.</i>
# Activities supported	12	12	100%

What services were provided?

Service	FY 18-19		
	<i>Projected</i>	<i>Actual</i>	<i>Actual/Proj.</i>
# NCPC Quarterly Output Reports submitted	4	4	100%
# NCPC Bi-annual Outcome Reports submitted	2	2	100%

What impact was achieved?

Program Outcomes	Status	FY 18-19 Actual Outcome
<i>By June 30, 2019, ...</i>		
The Partnership for Children will have a Smart Start Annual Plan, approved by the Partnership Board and the North Carolina Partnership for Children	●	100% 1 of 1

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA=Not Available or Not Applicable

This activity does not provide direct services. Partnership staff are funded to support program planning and development. Extensive program reporting and monitoring is required to meet Smart Start standards and mandates. This activity is vital to the effort to meet the expectations of the Smart Start Accountability Plan.

Part III: Extent of Impact

The activities funded in FY 2018-19 continue to demonstrate a positive impact on addressing the issues that affect a child's readiness for school. This section will take a closer look at county-wide outputs and impact.

Outputs Summary

Last fiscal year, the majority of the child care sites were impacted directly by Smart Start through at least one funded activity. Below is a snapshot of how many child care facilities and individual child care providers were served by each activity.

Activity	Child Care Facilities	Child Care Providers
Child Care Behavior Consultation	18	324
Child Care Health Consultation	41	119
Child Care Resource & Referral	16	319
Raising A Reader	7	70

The facilities and providers impacted by these services received varying levels of service, from training event attendance to many months of one-on-one coaching. A total of **51 child care sites** received Smart Start services during the year (unduplicated count). At least **301 individuals** working in child care were served by Smart Start programs, as evidenced by the largest unduplicated number served by any one activity.

As for families impacted, depending on the activity, families could participate one time, over the short term, or over the course of years. Below is a brief snapshot of how many parents and/or children were touched by each activity.

Activity	Parents	Children
Assuring Better Child Health & Development	n/a	1556
Child Care Behavior Consultation	94	38
Child Care Resource & Referral	249	985
Focus on Fathers	20	29
NC Pre-K Purchase of Care	24 +	24
Raising A Reader	345	366
Subsidy Purchase of Care	n.d.	381

n.d. = no data available

By looking at the greatest number served by any project above, we can tell that at minimum **345 parents** and **1556 children** were reached by Smart Start programs in Chatham County.

The number of total unduplicated parents and children served is surely higher, but it is not possible to calculate unduplicated children served, as the programs and agencies must keep child-identifying information confidential.

Outcomes Summary

Outputs are counts of participants served. *Outcomes* are measures of impact. Each activity's specific outcomes are reported on that activity's report. Here we summarize the progress of the 10 activities that had measured outcomes at meeting their outcomes:

- 7 achieved all outcomes.
- 1 achieved or made significant progress toward all outcomes.
- 2 achieved some outcomes and not others.

Overall, eight activities with measured outcomes either fully achieved these outcomes or made significant progress, and **30** of 32 measured outcomes were either fully achieved or had significant progress made. The table provides more detail of these successes by area.

Summary of Accomplishments	● = Achieved	◐ = Made Significant Progress	○ = Not Achieved	Total # outcomes measured
A. Early Care & Education:				
1. Child Care Resource & Referral	5	3	1	9
2. NC Pre-K Purchase of Care	2	0	0	2
3. NC Pre-K Quality Maintenance	1	0	0	1
4. Subsidy Purchase of Care	1	0	0	1
B. Family Support & Early Literacy:				
5. Focus on Fathers	1	0	0	1
6. Raising A Reader (RAR)	0	3	0	3
C. Health & Early Intervention				
7. Assuring Better Child Health & Development	3	0	1	4
8. Child Care Behavior Consultation	5	0	0	5
9. Child Care Health Consultation	5	0	0	5
D. Program Support:				
10. Program Coordination/Evaluation	1	0	0	1
FY 2017-18 Overall:	24	6	2	32

State Assessment Summary: Community Early Childhood Profile

The Community Early Childhood Profile (EC Profile) provides an annual snapshot of the status of our young children. It includes indicators of child well-being for which we are held accountable by Smart Start. The EC Profile assesses the progress towards realizing Smart Start's mission of advancing a high quality, comprehensive, accountable early childhood system that benefits each child in North Carolina beginning with a healthy birth. The report uses validated data from agencies that directly impact young children such as the NC Department of Health and Human Services, the NC Department of public Instruction, and the NC Office of State Budget and Management. It replaces the PBIS report.

Description of INDICATOR	FY16-17 Chatham results	FY17-18 Chatham results	Minimum Standard	High Performing Standard	Chatham Status
Early Care and Education - Quality					
Avg. child star rating; % children in 4 and 5 star facilities	4.32 81%	4.10 74%	4.0 AND 60%	4.0 AND 60% for each age group	MEETS MINIMUM
Avg. child star rating-subsidized children; % subsidized children in 4 and 5 star facilities	4.76 93%	4.8 98%	4.25 AND 80%	4.25 AND 70% for each age group	HIGH PERFORMING
Early Care and Education - Workforce					
Lead Teacher - % of children enrolled in 1-5 star rated child care centers that have at least 75% of lead teachers with college degrees (i.e. 7 lead teacher education points)	67%	70%	50%	50% for each age group	HIGH PERFORMING
Administrator - % of children enrolled in 1-5 star rated child care centers that have Directors with College Degrees (i.e. 7 administrator education pts)	62%	61%	60%	60% for each age group	MEETS MINIMUM
Family Support					
Percent of Parents/Guardians Who Report Reading to their Children at least 4-6 Days a Week (STATEWIDE ONLY)	67% statewide	62% statewide	75%	90%	BELOW MINIMUM
Percent of Parents/Guardians who report reading the their children daily (STATEWIDE ONLY)	41% statewide	41% statewide	55%	70%	BELOW MINIMUM
Percent of children age 0-5 with an investigated report of child abuse/neglect	4.3%	NA	Between 5% and 12%	Between 5% and 12%	NOT YET AVAILABLE
Health					
Percent of children ages 0-2 who receive early intervention or special education services	5.7%	5.4%	Between 4% and 10%	Between 4% and 10%	Within the range
Percent of children ages 3-5 who receive early intervention or special education services	9.7%	9.7%	Between 4% and 10%	Between 4% and 10%	Within the range
Percent of children enrolled in Medicaid who receive a well child exam	85% statewide	85% statewide	75%	85%	High Performing
Percent of low income children age 2-4 who are at a healthy weight	63.6%	63.8%	66.1%	70%	Below Minimum

If our results show that we are outside the range on an indicator, either too high or too low, we are required to convene meetings with local stakeholders to discuss and review data on the indicator and better understand the root causes for the current results and take action as appropriate to move the needle on the indicator over the next several years. We must also consider how well aligned funded activities are with the EC Profile indicators of concern. If feasible, we must work to build in an evidence-based or evidence-informed activity that can help address that indicator or make an evidence-based enhancement to current activities to better address the indicator if needed.

We are also encouraged by our state funder to develop a signed community agreement outlining commitments to improve the indicator.

Challenges

Chatham is a large county in North Carolina with thousands of children and adults in need of the types of services Smart Start provides. The Partnership does not currently receive the amount of funding required to meet the needs of the community.

In addition to inadequate funding to meet need, state mandates continue to impact operations:

- 70% of all funding must be spent on child care related activities (with 40% child care subsidies)
- 19% funding match must be obtained from non-state or federal sources through in-kind or cash funding

These mandates limit the scope of services that can be funded by Chatham Smart Start. Funding for Smart Start has not been increased, therefore, we have not been able to expand our services and have had to trim budgets and cut services to maintain funding for the most essential and effective programs.

The following areas continue to be challenges for Chatham County:

- Adequate funding to support families qualifying for child care subsidy;
- Availability of high quality child care placements, especially for infants and toddlers;
- A reasonable wage for early childhood professionals that is representative of their education, experience and commitment;
- Adequate access to parent educators to meet the needs of today's diverse families;
- Adequate social/emotional development supports for young children and their families; and
- Adequate access to healthy food and opportunities to increase physical activity for young children.

Rapid increase of higher wealth residential development along with major industrial developments will bring a consequential increase in lower-wage earning service and manufacturing labor jobs which are typically filled by younger adults with young children. These families will need supports such as child care subsidies, and even with subsidy support may not be able to afford high-priced franchise child care program. Many of these programs do not accept state subsidies which pay fees lower than they are able to charge higher-wealth residents. As a result, lower-wealth, higher-need families often have access only to less-resourced child care programs.

The Partnership must redouble our efforts to find additional funding sources and explore new collaborations to meet the ever growing demand for services that positively impact young children and empower families.

Going Forward

We have been very encouraged by the community response to our early childhood efforts in recent years. We are receiving increased private sector support through our multiple fundraising events and from faithful individual donors. And we have continuing interest from a wide variety of stakeholders who want to volunteer with our efforts. Support has been strong and critical to our success during this transition year of merger and growth.

The program impacts reflected in this report verify that we are on the right track with program development in spite of declining public funding. We continue to stretch resources to provide the best possible solutions to our community concerns and needs for our youngest children. Our hope is that in the near future our public funding will be restored so that Smart Start can truly meet all the needs of our children.

In the meantime, we will continue to think critically about how we use all of our resources and make sure that children from birth to age five in Chatham County reap the maximum benefit.



Smart Start

Each Child. Every Community.

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN

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